

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 567915

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		2					
4	1						
5	1						
6	1						
7	1						
8	1						
9	1						
10	1						
11	1						
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44			1				
45			1				
46			1				
47			1				
48			1				
49			1				
50			1				
TOTAL IND.	1						
TOTAL DEP.	19	←	18	←		←	
TOTAL CLAIMS	20	[Redacted]	19	[Redacted]		[Redacted]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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52							
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95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							